

EnviroMatrix



Analytical, Inc.

29 September 2017

Wynola Water District
Attn: Tim Taschler
PO Box 193
Santa Ysabel, CA 92070

EMA Log #: 17I0931

Project Name: WYNOLA WATER DISTRICT
Project Desc./#: PS 3701837 / 4839 Meadowridge

Enclosed are the results of analyses for samples received by the laboratory on 09/28/17 13:25. Samples were analyzed pursuant to client request utilizing EPA or other ELAP approved methodologies. I certify that this data is in compliance both technically and for completeness.

A handwritten signature in black ink, appearing to read 'Dan Verdon', is written over a light gray circular stamp.

Dan Verdon
Laboratory Director

CA ELAP Certification #: 2564

4340 Viewridge Avenue, Suite A - San Diego, California 92123 - (858) 560-7717 - Fax (858) 560-7763
Analytical Chemistry Laboratory

Client Name: Wynola Water District
Project Name: WYNOLA WATER DISTRICT

EMA Log #: 17I0931

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
4860 Meadowridge	17I0931-01	Grnd-Water	09/28/17 08:15	09/28/17 13:25

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

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Microbiological Parameters by Standard Methods

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Date Prepared Date Analyzed	Method	Notes
4860 Meadowridge (17I0931-01) Grnd-Water Sampled: 09/28/17 08:15 Received: 09/28/17 13:25								
Total Coliforms	Absent		None	1	7092859	09/28/17 14:48 09/29/17 15:04	SM9223	
E. Coli	Absent		"	"	"	09/28/17 14:48 09/29/17 15:04	"	

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Notes and Definitions

ND Analyte NOT DETECTED at or above the reporting limit
NR Not Reported
RPD Relative Percent Difference

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CHAIN-OF-CUSTODY RECORD

6710931

4340 Viewridge Ave., Ste. A - San Diego, CA 92123 - Phone (858) 560-7717 - Fax (858) 560-7763

EMA LOG #: _____

Client: WYNOLA WATER DISTRICT

Attn: TIM TASCHELER

Samplers(s): TIM TASCHELER

Address: PO BOX 193, SANTA YSABEL, CA 92070

Phone: 760-315-6300

Fax: _____

Email: WYNOLAWATER@GMAIL.COM

Billing Address: PO BOX 193, SANTA YSABEL, CA 92070

Project ID: _____

Project #: _____

PO #: _____

ID #	Client Sample ID	Sample Date	Sample Time	Sample Matrix	Container # / Type
1	4839 Meadowridge	28-Sep	8:15	GW	
2					
3					
4					
5					
6					
7					
8					
9					
10					

Matrix Codes: A = Air, DW = Drinking Water, GW = Groundwater, SW = Storm Water
 WW = Wastewater, S = Soil, SED = Sediment, SD = Solid, T = Tissue, O = Oil, L = Liquid

Shipped By: Courier UPS FedEx USPS Client Drop Off Other

Turn-Around-Time: Same Day 1 day 2 day 3 day 4 day 5 day STD (7 day)

Reporting Requirements: Fax PDF Excel Geotracker/EDF Hard Copy EDI

Sample Disposal: By Laboratory Return to Client: P/U or Delivery Active

Sample Integrity

Correct Containers: Yes No N/A

Custody Seals Intact: Yes No N/A

COC/Labels Agree: Yes No N/A

Project/Sample Comments:

Requested Analysis

<input type="checkbox"/> Oil & Grease <input type="checkbox"/> 413.1 <input type="checkbox"/> 413.2 <input type="checkbox"/> 1664	<input type="checkbox"/> 8015 (TPH) <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Ext	<input type="checkbox"/> 62/4/8260 (VOC) Full BTXE MTBE Oxy Nap	<input type="checkbox"/> 625 / 8270 (SVOC) <input type="checkbox"/> PAH only	<input type="checkbox"/> 608 / 8081 (Organochlorine Pesticides)	<input type="checkbox"/> 608 / 8082 (Polychlorinated Biphenyls)	<input type="checkbox"/> 8141 (Organophosphorus Pesticides)	<input type="checkbox"/> TBT (Organotin Compounds)	<input type="checkbox"/> pH <input type="checkbox"/> EC <input type="checkbox"/> TSS <input type="checkbox"/> TDS	<input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> TKN <input type="checkbox"/> NH3	<input type="checkbox"/> CAC Title 22/CAM17 Metals <input type="checkbox"/> TTLC <input type="checkbox"/> STLC	<input type="checkbox"/> TCLP (RCRA) <input type="checkbox"/> Metals <input type="checkbox"/> Organics	<input type="checkbox"/> Cd <input type="checkbox"/> Cr <input type="checkbox"/> Cu <input type="checkbox"/> Pb <input type="checkbox"/> Ni <input type="checkbox"/> Ag <input type="checkbox"/> Zn <input type="checkbox"/> Dissolved	<input checked="" type="checkbox"/> Coliform, Total (MTF) <input type="checkbox"/> Fecal (MTF)	<input checked="" type="checkbox"/> Coliform, T+E, Col <input type="checkbox"/> MTA <input type="checkbox"/> Enumeration	<input type="checkbox"/> Enterococcus, <input type="checkbox"/> MTF <input type="checkbox"/> Enterolert	<input type="checkbox"/> Heterotrophic Plate Count (HPC)	<input type="checkbox"/> BOD <input type="checkbox"/> COD <input type="checkbox"/> Cyanide
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RELINQUISHED BY:

Signature: _____

Print: Colo Brown

Company: WVO

RECEIVED BY:

Signature: _____

Print: Micall TML

Company: EMA

DATE/TIME: 9/28/17 13:25

Please copy DEH on results: Jamelle McCullough

Jamelle.McCullough@sdcountry.ca.gov

¹Additional costs may apply. Please note there is a \$35 minimum charge for all clients.

²EMA reserves the right to return any samples that do not match our waste profile.

NOTE: By relinquishing samples to EMA, Inc., client agrees to pay for the services requested on this COC form and any additional analyses performed on this project. Payment for services is due within 30 days from date of invoice. Samples will be disposed of 7 days after report has been finalized unless otherwise noted. All work is subject to EMA's terms and conditions.